promotion of healing of said wound, wherein said stimulator of IFN-γ is administered either immediately prior to wounding or immediately after wounding.

45. (New) A method for promoting the healing of a chronic wound in a patient comprising administering to said patient an amount of an inhibitor of IFN-γ metabolism sufficient to effect the promotion of healing of said chronic wound.

REMARKS

Reconsideration of this application and entry of the foregoing amendments are respectfully requested.

The claims have been revised so as to define the invention with additional clarity. The claims as presented are fully supported by an enabling disclosure.

Claim 36 stands objected to under 37 CFR 1.75(c). Withdrawal of the objection is believed to be in order in view of the above-noted redrafting of the claim as new independent claim 44.

Claims 33-38 stand rejected under 35 USC 112, second paragraph. Withdrawal of the rejection is believed to be in order in view of the above-noted revision of claim 33 as

new claim 39, claim 36 as new claim 44, and claim 37 as new claims 42 and 45. Reconsideration is requested.

Claims 33-35, 37 and 38 stand rejected under 35 USC 112, first paragraph. The rejection is traversed.

Applicant again submits that a skilled person would readily appreciate that the finding that IFN-γ increases granulation tissue formation and fibrosis would mean that IFN-γ, and stimulators thereof, would be well suited to treating chronic wounds. It is well known that chronic wounds need to be encouraged to heal and this can be effected by promoting fibrosis (albeit at the expense of worse scarring).

Further, pages 5 and 6 of the specification disclose that stimulators of IFN-γ can be used to treat chronic wounds. This is supported by the Example which surprisingly demonstrates that IFN-γ and IFN-γ antagonists have the inverse effect to that known to the art at the time of filing, i.e., IFN-γ causes greater fibrosis (see page 9, paragraph 3) whereas IFN-γ antagonists reduces scarring.

One skilled in the art would have instantly appreciated at the priority date that the discovery that IFN-γ caused fibrosis would indicate that it would be useful

for treating chronic wounds. The healing of chronic wounds (e.g., ulcers) was known to require the promotion of the growth of fibrous and granulation tissues. Accordingly, data presented in the specification relating to the formation of fibrous/granulation tissue are supportive of a use in chronic wound healing. The fact that a skilled person would have appreciated this can be illustrated with reference to the literature. For instance, in 1991 and 1995, Pierce et al (J. Clin. Invest. 87(2):694-703 and J. Clin. Invest. 96(3):1336-1350 - abstracts enclosed) disclosed that the healing of chronic wounds by PDGF involved fibroblast activation and granulation tissue formation. Given that the Example of the present application demonstrates that fibroblasts are activated by IFN-γ, it would have been readily appreciated, at the priority date, that IFN-γ would be useful for treating chronic wounds. It should be borne in mind that PDGF is approved for use as a medicament for treating chronic wounds and a skilled person would appreciate that agents that have the same effect on fibrosis (e.g., IFN-γ) would also be useful for treating chronic wounds without reference to experimental data. Accordingly, a skilled

person would not have required experimental data to appreciate that IFN-γ may be used to treat chronic wounds.

It is also pointed out that the prior art shows (as indicated at pages 9 and 10 of the specification) that administration of IFN-γ to wounds inhibits collagen synthesis, suggesting that it is useful as an anti-scarring agent. As previously pointed out, other art shows that treatment of keloids or hypertrophic scars with IFN-γ decreases the size of the scar. Surprisingly, Applicant has demonstrated that the early treatment of wounds with IFN-γ causes fibrosis with raised scars that are packed full of collagen. It is this increased fibrosis that would be understood by a skilled person to improve healing of chronic wounds.

It is now well settled that an applicant enjoys the presumption that the invention can be practiced as claimed. The burden is on the examiner to provide evidence or reasoning inconsistent with the disclosure as to why such would not be the case. Respectfully, the Examiner's mere assertions regarding factors unique to chronic wounds do not satisfy this burden. Accordingly, the Examiner is requested to provide the required evidence or withdraw the rejection.

This application is submitted to be in condition for allowance and a Notice to that effect is requested.

Respectfully submitted,

NIXON & VANDERHYE, P.C.

By Mary J. Wilson
Mary J. Wilson
Reg. No. 32,955

MJW:tat

1100 North Glebe Road
8th Floor
Arlington, Virginia 22201-4714
Telephone: (703) 816-4000
Facsimile: (703) 816-4100